N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D FEB 16 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1952
Do not use this space.

20

1. PLACE OF DEATH
(a) County Cedar
(b) Township Benton
(c) City ~~Jerico Springs~~
Registration District No. 164
Primary Registration District No. 5229
Registered No. 134
(d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 41 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Chandler Fillpot
(a) Residence, No. Jerico Springs, Missouri St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary C. Fillpot
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 11, 1855

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
84	1	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cass County Missouri 0

FATHER
13. NAME Chas F. Fillpot 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

MOTHER
15. MAIDEN NAME Kazy Dobbs
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs A. L. Brown
(ADDRESS) Jerico Spgs. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Stockton, Mo. DATE Jan. 16, 1939

19. FUNERAL DIRECTOR (NAME) W. C. Davis & Co.
(ADDRESS) Stockton, Mo. 158

20. FILED Jan. 19, 1939 Mrs Mary Hiffner
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from December 22, 1938, to January 15, 1939
I last saw him alive on January 15, 1939 Death is said to have occurred on the date stated above, at 9:45 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Poisoning (3)	1/10/39
Chronic Cystitis (3)	?
Chronic Glomerulo Nephritis	?
Other contributory causes of importance: Chronic Hyprotrophy of the Prostate Gland	?

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J. L. Bennett M.D.
(Address) Jerico Springs, Mo.

Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 21
District File Number 7-39-170
Date Filed 2-3-39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Was not embalmed

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.